

RENEWAL APPLICATION

DEPT. OF COMMERCE & CONSUMER AFFAIRS STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
P.O. BOX 3469, HONOLULU, HI 96801

This form is for the renewal of your license for the next license period, **JAN 16 - DEC 17**.
Instructions & information are on the enclosed sheet. DO NOT USE THIS FORM AFTER DEC 31 17.

BOARD OF PUBLIC ACCOUNTANCY

FIRM PERMIT TO PRACTICE

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LICENSEE'S NAME & ADDRESS OF RECORD:

PRINCIPAL(S):

LICENSE NO: FPTP -

FILE NO:

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By LICENSE EXPIRATION DATE DEC 31 15
a TOTAL of \$258.00 is due. <===== *** **ON-TIME FEE** ***

AFTER the LICENSE EXPIRATION DATE DEC 31 15 AND BEFORE DEC 31 17,
a TOTAL of \$298.00 is due. <===== *** **LATE FEE** ***

Please make check or money order payable to: COMMERCE AND CONSUMER AFFAIRS (DO NOT MAKE MULTIPLE PAYMENTS)

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OTHER REQUIREMENTS DUE or SPECIAL INSTRUCTIONS/INFORMATION:

TO BETTER ENSURE RECEIPT OF YOUR POCKET ID CARD BY 12/31/15,
SUBMIT YOUR RENEWAL BY 12/1/2015.

- () NAME CHANGED? Check here and submit a copy of the name change document.
- () ADDRESS CHANGED? Provide new mailing address below:

For the FPTP license to be renewed, ALL principal CPA and PA's must also be renewed with his/her permit-to-practice. Otherwise, the renewal of the FPTP will be held up.

BE SURE TO READ THE ATTACHED FOR INFORMATION ON A LAW CHANGE THAT AFFECTS CPA FIRMS.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808)586-3000 to submit your request.

INCOMPLETE APPLICATION WILL DELAY PROCESSING

CERTIFICATION:
I HEREBY CERTIFY under penalty and perjury that the statements, answers, and representations made in this renewal application are true and correct. I understand that any misrepresentation is grounds for denial, refusal to renew, revocation, and/or other disciplinary sanctions, and is a misdemeanor (Hawaii Revised Statutes (HRS) sections 436B-19, 466-9, and 710-1017). I FURTHER CERTIFY that I have read and will abide by the provisions of HRS chapters 436B and 466, and Hawaii Administrative Rules chapter 16-71.

I also certify that I am a Principal CPA/PA on record with the Firm Permit to Practice license I am renewing. My CPA/PA license is current and valid with a Permit to Practice.
Name _____ Title _____

CPA/PA License Number & Issuing Authority _____

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TO BE COMPLETED BY LICENSEE (Circle your answers and provide additional information where requested):

- 1) In the past 2 years has your license in this state or any other jurisdiction been formally disciplined by way of a fine, suspension, restriction, or revocation?.....Yes No
- 2) Are there any disciplinary actions pending against you in this state or any other jurisdiction?.....Yes No
- 3) In the past 2 years have you been convicted of a crime in which the conviction has not been annulled or expunged?.....Yes No

EXPLAIN ANY "YES" RESPONSE ON A SEPARATE SHEET WITH DETAILED INFORMATION AND ATTACH SUPPORTING DOCUMENTS.

I understand that my license expires on the License Expiration Date shown on this form. I understand that if I fail to renew my license by the license expiration date I am unlicensed and shall not practice. I further understand that I may resume practice only after I have met all appropriate restoration requirements.

I certify that the statements contained in this application are true and correct. I understand that misrepresentation is grounds for board refusal to renew or subsequent suspension or revocation of license.

SIGNATURE OF LICENSEE _____

DATE _____

HAVE YOU REMEMBERED TO:

- 1) Attach payment.
- 2) Answer questions.
- 3) Sign and date application.
- 4) If applicable, include required documents.

FOR
DCCA
ACCOUNTING
OFFICE
ONLY

TOTAL (ON TIME):

\$258.00

TOTAL (LATE):

\$298.00

CRF...002

... 86.00

REN...004

... 172.00

REN...004

... 172.00

PEN...003

... 40.00

CRF...002

... 86.00

LATE: \$298.00



FPTP

LICENSE NO: ..

ON TIME: \$258.00



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BOARD OF PUBLIC ACCOUNTANCY

FIRM PERMIT TO PRACTICE

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LICENSEE'S NAME & ADDRESS OF RECORD:

PRINCIPAL(S):

(sole owner)

LICENSE NO: FPTP -

FILE NO:

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By LICENSE EXPIRATION DATE **DEC 31 15**
a TOTAL of **\$124.00** is due. <===== *** **ON-TIME FEE** ***

AFTER the LICENSE EXPIRATION DATE **DEC 31 15** AND BEFORE **DEC 31 17**,
a TOTAL of **\$164.00** is due. <===== *** **LATE FEE** ***

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OTHER REQUIREMENTS DUE or SPECIAL INSTRUCTIONS/INFORMATION:

INCOMPLETE APPLICATION WILL DELAY PROCESSING

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SUBMIT YOUR RENEWAL BY 12/1/2015.

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CPA/PA License Number & Issuing Authority _____

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FOR
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ACCOUNTING
OFFICE
ONLY

TOTAL (ON TIME):	\$124.00	TOTAL (LATE):	\$164.00
REN...004	... 124.00	PEN...003	... 40.00
		REN...004	... 124.00



LICENSE NO:

FPTP

(sole owner)